



**Environmental Division**

1350 McKittrick St., P.O. Box 519, Wenatchee, WA 98807

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February 15, 2011

Re: Updating Backflow Tester Records

Dear Tester,

The purpose of this Code of Conduct and Program Orientation is to supply Washington State Certified Backflow Assembly Testers ("BAT") with important information that the City of Wenatchee has adopted. The informational form on the back page needs to be completed and returned to the City of Wenatchee's Environmental Division no later than March 15, 2011.

The City of Wenatchee Water Department, Chelan County PUD Water Department, and East Wenatchee Water District (Regional Water Districts) have developed a standardized backflow assembly tag. The Regional Water Districts require installation of the new tag on all backflow assemblies that are tested in their water service area which will help assist in determining unaccounted for backflow assemblies.

The City of Wenatchee will continue to mail out the annual backflow test report form along with the new backflow assembly identification tag to our water customers for the backflow assembly tester (BAT) to use when testing the backflow assembly(ies). BAT's shall securely attach the backflow assembly tag with wire ties and make sure the proper Regional Water District has been identified on the tag by using a permanent marking pen. The Regional Water Districts will supply the wire ties and additional assembly tags to BAT's upon request.

Thank you for your cooperation in protecting the quality of drinking water for all users.  
If you have questions about the requirements, do not hesitate to call me at (509) 888-3227

Sincerely,

Julie Michael  
Quality Control Technician  
City of Wenatchee, Environmental Division



Environmental Division

**2011 CODE OF CONDUCT  
AND PROGRAM ORIENTATION FOR  
CERTIFIED BACKFLOW ASSEMBLY  
TESTERS**

# CODE OF CONDUCT AND PROGRAM ORIENTATION FOR CERTIFIED BACKFLOW ASSEMBLY TESTERS

## Standards and Procedures

The following standards shall apply to all City of Wenatchee approved testers for testing, repair, and certification of backflow prevention assemblies within the City of Wenatchee's service area. City of Wenatchee backflow testing procedures as well as the associated reporting forms are an integral part of the City of Wenatchee's Backflow and Cross-Connection Prevention Program and deviation from the following procedures may subject the tester, within the City of Wenatchee's discretion, to removal from the approved list.

1. No person other than an employee of the City of Wenatchee is authorized to operate the street-side meter shutoff valve (angle meter, curb stop or gate valve). The tester must call the City of Wenatchee if it becomes necessary to operate this valve to make a replacement or repair. **A tester shall not remove or replace a backflow prevention assembly without prior approval by the City of Wenatchee. The tester may call the City of Wenatchee's Water Operations Department, during normal business hours (8:00 am - 4:30 pm, Monday - Friday) at (509) 888-3200 for assistance. After hours, on weekends, and holidays calls must be directed to the 24-hour emergency number at 1-509-664-3913.**
2. Backflow prevention assembly installations shall be in conformance with City of Wenatchee regulations, as now exist or as may be hereafter amended.
3. All newly installed backflow assemblies shall be pressure regulated, if the inlet pressure exceeds the manufacturer's rated working pressure.
4. When testing an existing backflow assembly, the proper installation/application for that type of assembly shall be verified and reported only on City of Wenatchee backflow assembly test report forms. Test reports must be legible.
5. When testing a new backflow assembly, testers shall use the City of Wenatchee's approved blank backflow assembly test report form. This test report form contains information required by the City of Wenatchee and the Department of Health. Test reports must be legible.
6. **Preferably, the original copy of all completed backflow assembly test reports should be submitted to the City of Wenatchee within 10 days of the initial test, but in no case received by the City of Wenatchee after the listed due date without prior approval. Faxed and electronic copies will be accepted. If repairs are needed that require more time than allowed by the test notice deadline date, the tester, owner, or user shall contact the City of Wenatchee for an extension to the original deadline.**
7. Assembly testers shall securely attach the City of Wenatchee's backflow assembly tags and mark the appropriate water system and attach the designated year marker that indicates the assembly has been tested for that year. The City of Wenatchee will supply assembly tags and markers to BAT's upon request.
8. The City of Wenatchee may randomly verify the results on submitted test forms. These reviews will be conducted within a reasonable time, as determined by the City of Wenatchee, but not to exceed three (3) weeks from the date of the initial inspection and may be cause for rejection of the test results and/or grounds for retesting of the assembly. Any retest will be performed with representatives of both the tester and the City of Wenatchee present. In the event the review results are unsatisfactory, the City of Wenatchee may assess the cost of such review and any subsequent review to the tester, based upon current hourly rates of City of Wenatchee personnel

9. It is the responsibility of the tester to call questionable practices to the attention of the City of Wenatchee so that enforcement procedures may be implemented. Enforcement of the City of Wenatchee's Cross-Connection program lies solely with the City of Wenatchee.
10. A tester shall not knowingly falsify the results of the backflow assembly test performed by him/her. Examples of this include, but are not limited to:
  - a. Signing backflow test reports for tests he/she did not perform.
  - b. Making unneeded repairs.
  - c. Not having proper backflow certification to perform tests in Chelan County.
  - d. Not using proper test procedures as established by City of Wenatchee Regulations.
  - e. Using unauthorized backflow test equipment.
  - f. Not reporting failing tests and repairs made to assemblies.
11. Testers' equipment shall be calibrated, at a minimum, once per year. Calibration shall be conducted by using the procedures adopted by the American Society of Mechanical Engineers (ASME) as now exists or as may be hereafter amended, by using a Test Kit Calibration Report. A copy of the Backflow Test Kit Evaluation and Test Gauge Calibration Report, prepared by a qualified individual or company, in the opinion of the City of Wenatchee Water Quality Coordinator, shall be submitted to the City of Wenatchee.
12. Tester shall provide the City of Wenatchee with a copy of his/her current State of Washington BAT Certification Card.
13. Tester shall provide the City of Wenatchee with a copy of his/her current State of Washington Department of Labor and Industries Specialty Plumber Certification, if repairing assemblies.
14. **Testers shall have a current City of Wenatchee Business License on file.**
15. Washington State certified backflow assembly testers ("BAT") shall complete and return the City of Wenatchee's Code of Conduct form prior to testing any backflow assembly that is located within the jurisdiction of the City of Wenatchee's water systems.

## Regional Water District Backflow Assembly Tags

The City of Wenatchee will supply the assembly tags to BAT's upon request.

**Lettering on Front of Tag**

**DO NOT REMOVE  
THIS CARD**

- CITY OF WENATCHEE  
WATER DEPARTMENT
- CHELAN COUNTY PUD  
WATER DEPARTMENT
- EAST WENATCHEE  
WATER DISTRICT

This backflow prevention assembly is installed in accordance with the above water purveyors resolution complying with Washington State Department of Health Regulations (WAC 246-290-490) on cross connection control. This assembly was installed to protect the customer's and/or the public's water supply from contamination.  
(OVER)

**Lettering on Back of Tag**

This backflow prevention assembly shall not be removed or relocated without the expressed written permission of the water purveyor.

When premise isolation assemblies are approved at an alternate location no connections will be allowed between the point of delivery from the public water system and the approved backflow assembly. Bypass piping shall not be installed around this assembly.

Failure to maintain this backflow prevention assembly in proper working order, removal or relocation of the assembly without written authorization, or the installation of bypass piping around this assembly will result in the termination of the water supply to this premise.  
(OVER)

# Completing New & Existing Test Report Forms

New City of Wenatchee designed test report form for 2011

1. Account: N/A (For City of Wenatchee Filing Use)
2. CITY OF WENATCHEE Meter #: (For City of Wenatchee Filing Use)
3. Name of Premise: Companies name of service address
4. Service Address: The address where the assembly is located (business address for assemblies in mobile cleaning vehicles)
5. Contact Person: The name of service address contact person
6. Location: The general location (ie: NW corner of lot, next to the meter, # of feet south of meter, North wall of room #, ect.)
7. Downstream Process: The type of hazard this assembly is protecting. (Co2 system, dishwasher, premise isolation, irrigation)
8. Installation: (New, Existing, Replacement, Old Assembly Serial #)
9. Make of Assembly: Type of assembly (DCVA, RPBA, PVBA, ect.), Name of the assembly (Febco, Watts, Wilkins, ect.), Model number on the assembly in reference to the Washington State approval list, Size of the assembly, Serial number on the assembly. (includes any letters), Check if on the Washington State approval list.
10. Initial Test: The results of the initial test before any repairs.
11. Repairs: The repairs including, but not limited to; flushing, replacement of parts, exercising the relief valve, cleaning of check valve discs
12. Final Test: The results after repairs.
13. S.O Valves: Make sure both shut off valves close tightly, if applicable.
14. PSID: The gauge reading to the nearest 0.1 reading.
15. Remarks: Report all repairs, note incorrect installation, replacement of the assembly modifications, condition of the assembly, etc.
16. Line Pressure: PSI of line pressure
17. Initial Test: Information on person performing the test.
18. Repairs: Information on person performing the repairs.
19. Final Test: Information on person performing the final test.
20. Service Restored: The position the shutoff valves were left after completion of test.

**\* Note: Test reports are legal records. Accuracy and legibility is required.**

Please return report to:

City of Wenatchee, Environmental Division  
Attn: Julie Michael, Quality Control Technician  
P.O. Box 519, 1350 McKittrick St  
Wenatchee, WA 98807-0519  
509-888-3227 or Fax 509-888-3201

BACKFLOW PREVENTION ASSEMBLY  
TEST REPORT



ACCOUNT #: W/WW

METER #: 35281

LAST TEST: 04/03/2001

NAME OF PREMISE: City of Wenatchee

Commercial ☒ Residential ☐

SERVICE ADDRESS: 25 N. Worthen

CITY: Wenatchee

ZIP: 98826

CONTACT PERSON: Peter Nolen

PHONE: 509-555-1212

LOCATION OF ASSEMBLY: IN LAB CABINET NEXT TO WALL

DOWNSTREAM PROCESS: WATER & WASTE TREATMENT FACI DCVA ☐ RPBA ☒ PVBA ☐ OTHER \_\_\_\_\_

NEW INSTALL ☐ EXISTING ☒ REPLACEMENT ☐ OLD SER. # \_\_\_\_\_ PROPER INSTALLATION? YES ☒ NO ☐

MAKE OF ASSEMBLY: RPBA CONBRACO 40-205-02 1.000 SERIAL #: 16594

INITIAL TEST	DCVA / RPBA CHECK VALVE NO.1	DCVA / RPBA CHECK VALVE NO.2	RPBA	PVBA/SVBA AIR INLET
PASSED <input checked="" type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT <u>3.2</u> PSID #1 CHECK <u>7.0</u> PSID AIR GAP OK? <u>YES</u>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes ☒ No ☐ Detector Meter Reading \_\_\_\_\_

REMARKS: \_\_\_\_\_ LINE PRESSURE 70 PSI

\_\_\_\_\_ CONFINED SPACE? NO

TESTERS SIGNATURE: John A Smith CERT. NO. B2181 DATE 1/10/04

TESTERS NAME PRINTED: John A. Smith TESTERS PHONE # (509) 629-1111

REPAIRED BY: \_\_\_\_\_ DATE \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

CALIBRATION DATE 1 5 03 GAUGE # 207342 MODEL 830 SERVICE RESTORED? YES ☐ NO ☒

ADDITIONAL INFO:

I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment

Please return report to:



**City of Wenatchee, Environmental Division**  
Attn. Julie Michael, Quality Control Technician  
P.O. Box 519, 1350 McKittrick Street  
Wenatchee, WA 98807-0519  
509-888-3227 or Fax 509-888-3201

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NAME OF PREMISE: \_\_\_\_\_ Commercial ☐ Residential ☐

SERVICE ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

DOWNSTREAM PROCESS: \_\_\_\_\_ DCVA ☐ RPBA ☐ PVBA ☐ OTHER \_\_\_\_\_

NEW INSTALL ☐ EXISTING ☐ REPLACEMENT ☐ OLD SER. # \_\_\_\_\_ PROPER INSTALLATION? YES ☐ NO ☐

MAKE OF ASSEMBLY: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

IS THIS ASSEMBLY ON THE LIST OF ASSEMBLIES APPROVED FOR USE IN WASHINGTON STATE? \_\_\_\_\_

INITIAL TEST	DCVA / RPBA CHECK VALVE NO.1	DCVA / RPBA CHECK VALVE NO.2	RPBA	PVBA/SVBA AIR INLET
<b>PASSED</b> <input type="checkbox"/> <b>FAILED</b> <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID OPENED FULLY <input type="checkbox"/> CHECK VALVE HELD AT _____ PSID
<b>NEW PARTS AND REPAIRS</b>	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____
<b>TEST AFTER REPAIRS</b> <b>PASSED</b> <input type="checkbox"/> <b>FAILED</b> <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID OPENED FULLY <input type="checkbox"/>

SHUT OFF VALVES CLOSED TIGHTLY?

SOV #1 yes ☐ no ☐ n/a ☐

SOV #2 yes ☐ no ☐

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes ☐ No ☐ Detector Meter Reading \_\_\_\_\_

REMARKS: \_\_\_\_\_ LINE PRESSURE \_\_\_\_\_ PSI

\_\_\_\_\_ CONFINED SPACE? \_\_\_\_\_

*I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.*

TESTERS SIGNATURE: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

TESTERS NAME PRINTED: \_\_\_\_\_ TESTERS PHONE # ( ) \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ DATE \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

CALIBRATION DATE \_\_ / \_\_ / \_\_ GAUGE # \_\_\_\_\_ MODEL \_\_\_\_\_ SERVICE RESTORED? YES ☐ NO ☐

# **Code of Conduct And Program Orientation for Certified Backflow Prevention Assembly Testers**

**I hereby certify that I am approved by the State of Washington Department of Health as a Backflow Prevention Assembly Tester and have thoroughly read and understand the City of Wenatchee's Backflow and Cross Connection Control regulations and procedures with which I agree to comply.**

**Attached hereto are copies of the following:**

- 1. 2011 State of Washington BAT Certification Card**
- 2. Current Backflow Test Kit Calibration Verification Report**
- 3. Current City of Wenatchee Business License (only required if #5 below is marked)**
- 4. Current plumber or specialty backflow certification (only required if repairing assemblies inside premises)**
- 5. ☐ Yes, list me on public BAT listing**
- 6. ☐ No, please do not include me on the public list**

**Please update your information and return this form before March 15, 2011.**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

**Date** \_\_\_\_\_